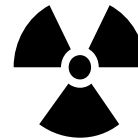




WPAFB Radiation Safety Office

RADIOACTIVE MATERIAL RECEIVING REPORT (10 CFR 20.1906)



June 1994

I. RECEIPT OF SHIPMENT: Shipment Identification: _____

Received by: _____ Date: _____ Time: _____

Packing Slip and Contents Agree:

	Yes	No	Comments
Radionuclide:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amount:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Form:	<input type="checkbox"/>	<input type="checkbox"/>	_____

II. RADIOACTIVE MATERIAL INFORMATION:

Radionuclide: _____	Activity: _____
Manufacturer: _____	Model/Lot: _____
Serial Number: _____	Form: _____

III. Package Information

Label: White I ☐ Yellow II ☐ Yellow III ☐ N/A ☐
Transport Index (_____) _____

Excepted: Limited Quantity ☐ Instruments or Articles ☐

Condition of Container: Undamaged ☐ Damaged ☐ Wet ☐

Activity Exceeds Type A Quantity Limits: Yes ☐ No ☐

IV. Package Survey:

*(External package monitoring required if package is labeled or has evidence of potential contamination.
Internal monitoring performed on all packages.)*

Surveyed by: _____ Date: _____ Time: _____

Instrument: Manufacturer _____ Model _____
Serial Number _____ Calibration Date: _____

Radiation Levels: Background _____ mrem/hr Package Surface _____ mrem/hr
One Meter from Package Surface _____ mrem/hr

Contamination Levels:

External Surface of Package: _____ cpm _____ dpm

Swipe of final source container free of contamination Yes ☐ No ☐

Packing material free of contamination Yes ☐ No ☐

Signature: _____ Date: _____

**If monitoring reveals contamination or radiation levels exceed limits, immediately
notify the Permit Radiation Safety Officer.**